Geddes, Pamela A.

PAG-609

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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

Attorney Docket Numb r

**First Named Inventor** 

PATENT APPL	COMPLETE IF KNOWN							
(37 CFR 1.63)		Application Number	Herewith					
Declaration	Declaration	Filing Date	Herewith					
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit	ТВА					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name	ТВА					
As the below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Thormal Transfer Dibba		-						
Thermal Transfer Ribbo	n with Frosting Ink L	.ayer						
(Title of the Invention)								
the specification of which	(ride of the line	rendony						
is attached hereto								
OR -		<u></u>						
was filed on (MM/DD/YYYY)		as United States A	nolication Number	or PCT International				
as United States Application Number or PCT International								
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

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## **DECLARATION** — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as bee	en filed	l for tl	his ı	ınsigr	ned inventor
Given Name Pamela A. (first and middle [if any])			Geddes Family Name or Surname					
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Inventor's Signature								
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Kelowna city		BC State		ZIP	/1Z:	3R	3	Canada Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

PTO/SB/01 (10-01)
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NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been file	ed for this unsign	ed inventor		
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Inventor's Signature	<b>,</b>	0	··· - 17-27-17-1-1-1-1	Date		
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

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Inventor's Signature Aun Muu				Date		
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city Pittsford	NY State	14534 US ZIP Cour			itry	
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Given Name			Family Name or Surname			
Inventor's Signature			Date			
Residence: City	State	Country			Citizenship	
Mailing Address						
Mailing Address						
City	State	ZiP Count		ountr	try	
Name of Additional Joint Inventor, if any:					unsigned inventor	
4.4			Family Name or Surname			
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address						
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